



PATIENT

Casey Duplain

SPECIES

Canine

BREED

Jack Russell Terrier
Mix

SEX

Spayed female

AGE

10 years

WEIGHT

20.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brianna Gaines

HOSPITAL NAME

Healthy Pets
Veterinary Care Boca
North

REFERRING VET

Dr. Gaines

INVOICE

68982

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: P presented for splenic mass, enlarged liver on radiograph

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 4.7 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The left **adrenal gland** was slightly enlarged and measured 0.85 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

The **spleen** revealed focal, mixed, hypoechoic nodule measuring 1.83 cm.

Liver

The caudal aspect of the left **liver** revealed hypoechoic nodular changes noted. The nodules were non-disruptive and measured 2.0 cm and 2.2 cm. This appeared to be deriving from the caudal aspect of the left liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **stomach** was filled with progressively shadowing material, potential foreign matter of ingesta. The material measured 5+ cm. I am strongly concerned with gastric foreign matter. If the patient was n.p.o. at the time of the sonogram.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

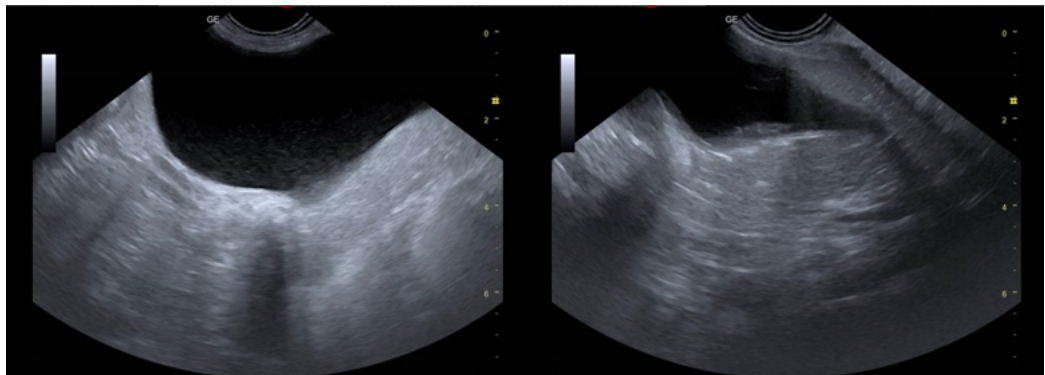
Splenic nodule. Concerning for neoplastic process. Granulomatous, abscessation or necrosis are all possible, round cell neoplasia and hemangiosarcoma are possible.

Hepatic nodules, likely hyperplasia, hemangiosarcoma possible. Likely hyperplasia. However, concurrent disease related to the spleen is also possible.

Full stomach of shadowing material. Foreign matter is suspected, yet could be post prandial depending

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the splenic and hepatic nodules can be considered or direct exploratory splenectomy, liver inspection and biopsy +/- gastrotomy. Immediate scan of the stomach is warranted prior to surgery to ensure that the material is persistently present.





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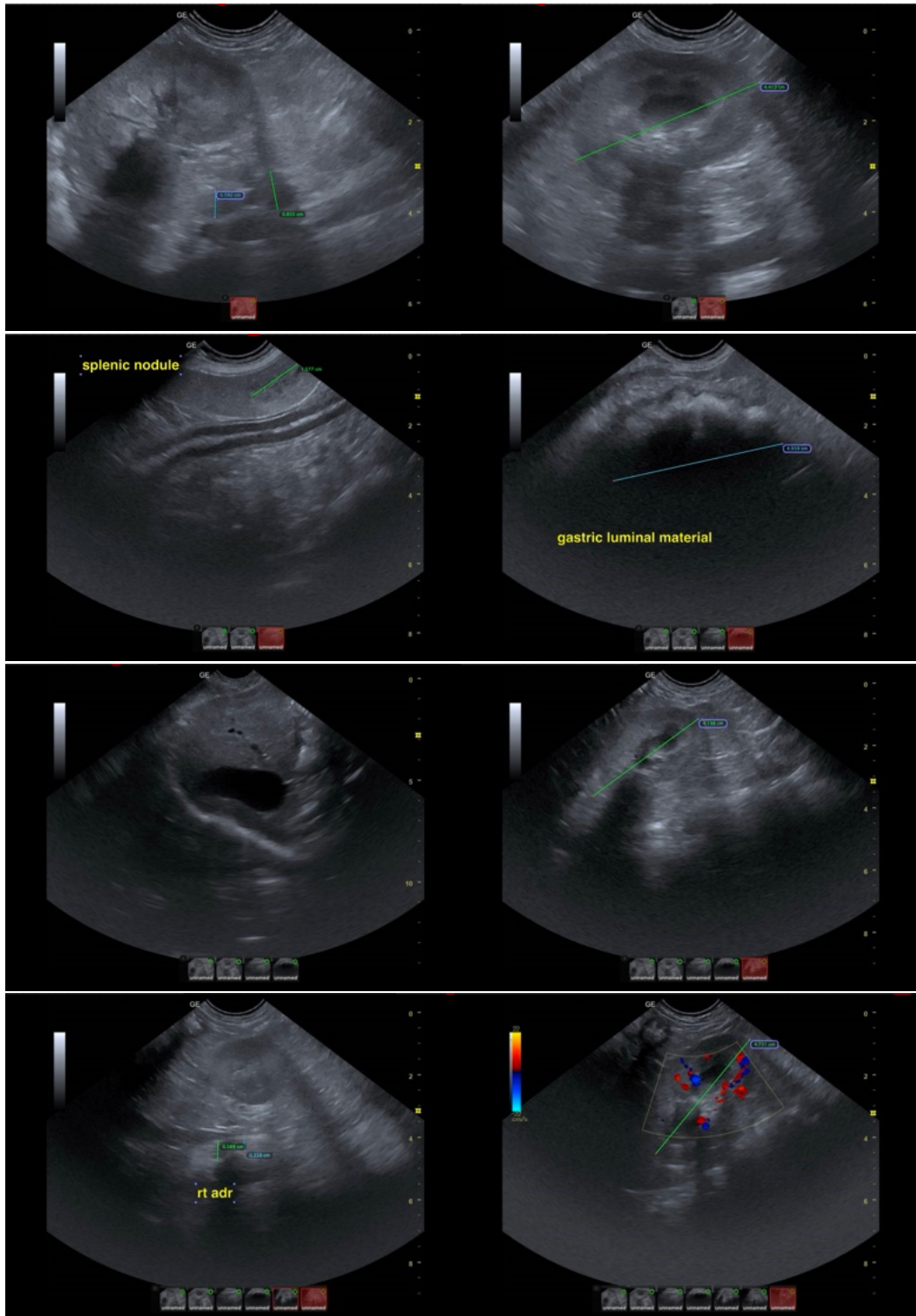
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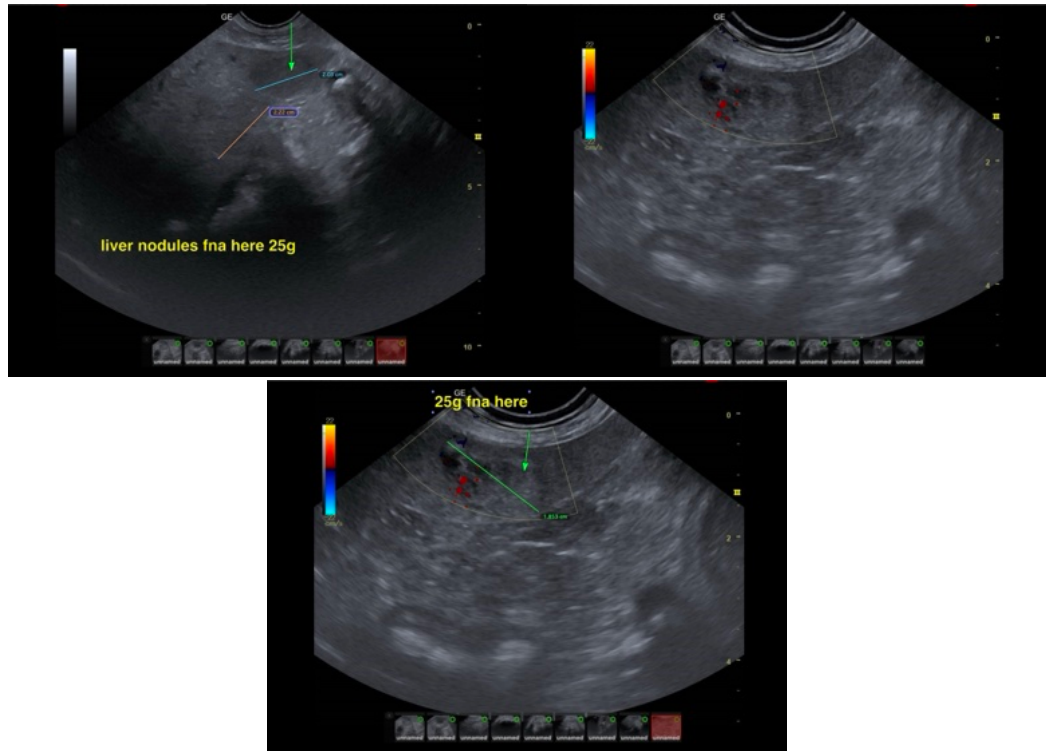
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com